

RECEIVED
CENTRAL FAX CENTER**FAX TRANSMISSION**

SEP 10 2003

DATE: September 10, 2003**PTO IDENTIFIER:** Application Number 09/911,039
Patent Number**Inventor:** Thor Nilsen**MESSAGE TO:** Examiner J. Riley**FAX NUMBER:** (703) 872-9306**FROM:** LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP
Shawn P. Foley**PHONE:** (908) 518-6346**Attorney Dkt. #:** POLYPROBE 3.0-017 CIP CONT CONT**PAGES (Including Cover Sheet):** 15**CONTENTS:** Amendment Transmittal Letter
Terminal Disclaimer
Amendment under 37 CFR 1.116
US Patent 6,072,043

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (908) 518-6346 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP
600 South Avenue West, Westfield, New Jersey 07090
Telephone: (908) 654-5000 Facsimile: (908) 654-7866

AMENDMENT TRANSMITTAL LETTER				Docket No. POLYPROBE 3.0-317 CIP CONT CONT	
Application No. 09/911,039		Filing Date July 23, 2001		Examiner J. Riley	
Art Unit 1637					
Applicant(s): Thor Nilsen					
Invention: OPTIMALLY LABELED OLIGONUCLEOTIDES					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	21	- 45 =		x	0.00
Independent Claims	2	- 7 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u>Shawn P. Foley</u> Shawn P. Foley Attorney Reg. No.: 33,071				Dated: <u>September 10, 2003</u>	
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6346					
I hereby certify that this correspondence is being transmitted by facsimile to 703 672-9308, on the date shown below. Dated: September 10, 2003 Signature: <u>Shawn P. Foley</u> (Shawn P. Foley)					